



## Data Dictionary for COVID-19 Reporting

### Iowa Department of Public Health

October 19, 2020

#### Introduction

Health and Human Services (HHS) is requiring submission of specific data points in association with the COVID-19 response. These data elements have been incorporated into Iowa EMResource HAV-BED reporting, Hospital PPE Query, and Daily COVID Hospital Reporting for submission to the Iowa Department of Public Health (IDPH).

This document is intended to provide a guideline for collecting the information for HHS and IDPH. The document offers clear definitions for completion of all required data elements.

The required data collected from the Iowa EMResource Daily HHS COVID Hospital Reporting and will be submitted on behalf of all Iowa hospitals to HHS. Data elements will continue to be utilized to monitor the healthcare system, prioritize support to healthcare facilities, and inform the public.

The data element is represented in the second column of each table below. Each data element is defined in the third column of each table below. Whenever possible, reporting parameters and dropdown boxes are defined to assist hospitals in collecting and reporting data.

For all references of “adult” and “pediatric” below, “adult” references adult-designated equipment and locations and “pediatric” references pediatric-designated equipment and locations. Use a timeframe of previous calendar day across all data elements. Data must be reported daily, including weekends and holidays with the exception of rehabilitation and psychiatric hospitals who should report once a week on Wednesday.

Additional definitions:

- When considering ICU beds, use the designated intended use to determine if a bed is an ICU bed or whether a patient currently occupies an ICU bed. This designation should be used over acuity.
- Unless specified for a specific time (e.g. previous day), hospitals can select a time of day that is convenient to report each day (e.g. can be midnight to midnight or a time that is convenient that is relatively consistent).
- The term “suspected” is defined as a person who is being managed as though he/she has COVID-19 because of signs and symptoms suggestive of COVID-19 as described by CDC’s Guidance but does not have a laboratory positive COVID19 test result. This may include patients who have not been tested or those with pending test results. The count may also include patients with negative test results but whom continue to show signs/symptoms suggestive of COVID-19. Do not include those who are waiting for a screening test result as suspected cases unless they meet the signs and symptoms criteria described above.
- When answering questions on staffed beds, the number of staffed beds in the facility is flexible and may change from day to day as the facility’s needs change.



- When answering supply questions when the hospital is part of a health system, do NOT include supplies at other system locations, including warehouses. A health system may report on behalf of the facilities, but the information needs to be reported at the individual facility level, even if the system divides the counts equally among the facilities.
- For supply categories that may have varying quantities, days on hand, or ability to obtain and maintain, base your response on the item that has the lowest stock on hand. If an item has multiple parts, such as a Power Air Purifying Respirator (PAPR), a shortage of one part indicates a shortage of that item.
- When considering total and inpatient beds, only consider specialty beds, such as psychiatric and rehab beds, if they are part of the surge workflow and could be used for inpatient needs.
- When counting patients with COVID-19 in any field below, a patient should no longer be counted once they are removed from COVID-19 isolation precaution.
- For items that are reported one time per week (30 - 37 below), it is critical that the data is reported on Wednesday in order to be counted as compliant. This also applies to psychiatric and rehabilitation facilities who are only required to report HHS data elements once a week on Wednesday.

## Data Elements by Survey

### Hospital PPE Query

Survey Number	Data Element	Definition
1.	Select your Facility	Select hospital name from dropdown.
2.	County	Select county location of hospital from dropdown
3.	First Name	First name of person filling out the survey. Free Text.
4.	Last Name	Last name of person filling out the survey. Free text.
5.	Phone Number	Phone number of person filling out the survey. Free Text.
6.	Email Address	Email Address of person filling out the survey. Free Text.
7.	# of Confirmed COVID-19 Patients Admitted on the previous calendar day	Provide the requested patient count regarding laboratory-Confirmed COVID-19 admitted to an inpatient bed on the previous calendar day.
8.	# of Confirmed COVID-19 Patient Deaths on the previous calendar day	Provide the requested patient count regarding laboratory-Confirmed COVID-19 patient deaths on the previous calendar day.
9.	# of Confirmed COVID-19 Patients Hospitalized	Provide the requested patient count regarding the total number of laboratory-Confirmed COVID-19 patients admitted to the hospital

Survey Number	Data Element	Definition
10.	# of Patients hospitalized with COVID-19 as a primary diagnosis	Provide the requested patient count regarding the total number of laboratory-Confirmed COVID-19 patients hospitalized with a primary diagnosis of COVID-19. Do not include patients who are hospitalized for reasons other than COVID-19 and who have an incidental finding of COVID-19 as a secondary diagnosis
11.	# of Confirmed COVID-19 Patients in ICU	Provide the requested patient count regarding the total number of laboratory-Confirmed COVID-19 patients in all ICU (Adult, Pediatric, and Neonatal)
12.	# of Confirmed COVID-19 Patients on a Ventilator	Provide the requested patient count regarding the total number of laboratory-Confirmed COVID-19 patients on a ventilator all ages.
13.	# Patients by County	Provide the count of all currently admitted laboratory-confirmed COVID-19 patients by county of patient's residence
14.	Number of Anesthesia Ventilator Machines Available for Conversion for Invasive Ventilation Use	Provide the number of anesthesia ventilator machines available at the facility for conversion for invasive ventilation use
15.	Is the medical staffing pool available to your facility maintaining or decreasing	Provide the facility's status of your medical staffing pool Dropdown: Maintaining or Decreasing
16.	Does your facility have an immediate PPE and/or medical resource need	Personal Protective Equipment (PPE) items like: gowns, gloves, masks, N95, face shields Medical Resource Need: supplies and equipment used to provide patient care Dropdown: Yes or No
17.	How many operating days will your current quantity of PPE supplies support your facility	Using the facility specific burn rate calculator provide the number of operating days the current quantity of PPE supplies will support the facility. Numerical.
18.	Is your hospital performing elective surgeries	Elective surgeries – surgery scheduled in advance that does not involve a medical emergency. Dropdown: Yes or No

Survey Number	Data Element	Definition
19.	Current Facility Status based upon guidelines listed above	<p>There are several triggers that could move a facility along the response continuum including increases in patients, availability of staff and supplies, etc. Please select what best describes the overall status of your facility.</p> <p>Green: Routine operations, manageable use of resources, manageable staffing, and normal level of care provided.</p> <p>Yellow: Modified operations to provide functionally equivalent care - care provided is adapted from usual practices. For example, in 2-4 days the facility will have significant staffing, equipment, PPE shortages that will significantly affect delivery of patient care.</p> <p>Red: Operations are exceeding capacity. There are critical shortages of staffed beds, equipment, supplies, and/or people. Need immediate attention.</p> <p>Dropdown: Green or Yellow or Red</p>



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Daily HHS Hospital COVID Reporting

All fields are required except as noted below (Survey Numbers: 29, 32, 36, 37 - 42 are optional with 37 - 42 anticipated to become mandatory in the coming weeks).

Items 1 – 29 are to be reported daily (except psychiatric and rehabilitation hospitals who are to report these weekly on Wednesday). For Items 30 – 36, all facilities report one time a week on Wednesday.		
Survey Number	Data Element	Definition
1.	Hospital name	Select Hospital Name from the Dropdown.
2.	Hospital CMS Certification Number	Numerical Hospital CMS Certification Number (CCN)
3.	NHSN OrgID	Numerical National Healthcare Safety Network Organization ID
4.	State	Iowa set as default. Choose Iowa from dropdown
5.	ZIP	Numerical ZIP Code of hospital
6.	a) Enter the total number of all staffed inpatient and outpatient beds in the hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation). b) Enter the total number of ADULT staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation).	a) Fill in the number of total hospital beds. This is the number of all staffed inpatient and outpatient beds in the hospital. Including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation) b) Fill in the number of total adult hospital beds. This is the total number of all staffed inpatient and outpatient adult beds in the hospital. Including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation)
7.	a) Enter the total number of staffed hospital inpatient beds including all overflow and surge/expansion beds used for inpatients (including all ICU beds). b) Enter the total number of staffed hospital inpatient ADULT beds including all overflow and surge/expansion beds used for inpatients.	a) Fill in the number of total staffed hospital inpatient beds. Including all overflow and surge/expansion beds used for inpatients (includes all ICU beds) b) Fill in the number of total staffed inpatient adult beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds)
8.	a) Enter the total number of staffed inpatient beds that are occupied. b) Enter the total number of staffed inpatient ADULT beds that are occupied.	a) Fill in the total number of staffed inpatient beds that are occupied by a patient regardless of COVID-19 status b) Fill in the total number of staffed inpatient adult beds that are occupied by a patient regardless of COVID-19 status

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Survey Number	Data Element	Definition
9.	a) Enter the total number of staffed inpatient ICU beds. b) Enter the total number of staffed inpatient ADULT ICU beds.	a) Fill in the total number of staffed inpatient ICU beds in the facility b) Fill in the total number of staffed inpatient adult ICU beds in the facility
10.	a) Enter the total number of staffed inpatient ICU beds that are occupied. b) Enter the total number of staffed inpatient ADULT ICU beds that are occupied.	a) Fill in the total number of staffed inpatient ICU beds that are occupied for all patient ranges regardless of COVID-19 status b) Fill in the total number of staffed inpatient adult ICU beds that are occupied by a patient regardless of COVID-19 status
11.	Enter the total number (in use and not in use) of all mechanical ventilators, including adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators available in the facility. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.	Fill in the total number of mechanical ventilators available at the facility. This includes adult, pediatric, neonatal, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways
12.	Enter the total number of mechanical ventilators in use including adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.	Fill in the total number of mechanical ventilators in use by a patient regardless of COVID-19 status at the time the data is collected. This includes adult, pediatric, neonatal, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways
13.	a) Enter the number of patients currently hospitalized in an ADULT inpatient bed who have laboratory-confirmed or suspected COVID-19. b) Enter the number of patients currently hospitalized in an ADULT inpatient bed who have laboratory-confirmed COVID-19	a) Fill in the total hospitalized adult suspected or laboratory-confirmed COVID-19 patients in an adult inpatient bed b) Fill in the total hospitalized adult laboratory-confirmed COVID-19 patients in an adult inpatient bed.

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Survey Number	Data Element	Definition
14.	<p>a) Enter the number of patients currently hospitalized in a PEDIATRIC inpatient bed, including NICU, who are suspected or laboratory-confirmed positive for COVID-19.</p> <p>b) Enter the number of patients currently hospitalized in PEDIATRIC inpatient bed, including NICU, who have laboratory-confirmed COVID-19.</p>	<p>a) Fill in the total hospitalized pediatric suspected or laboratory-confirmed positive COVID-19 patients currently occupying an inpatient bed, including NICU</p> <p>b) Fill in the total hospitalized pediatric laboratory-confirmed COVID-19 patients currently occupying an inpatient bed, including NICU</p>
15.	Enter the number of patients currently hospitalized in an adult, pediatric or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator (as defined above).	Fill in the number of patients currently hospitalized in an adult, pediatric, or neonatal inpatient bed who have suspected or laboratory-confirmed COVID-19 and are on a mechanical ventilator. This includes adult, pediatric, neonatal, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways
16.	<p>a) Enter the number of patients currently hospitalized in an ADULT ICU bed who have suspected or laboratory-confirmed COVID-19.</p> <p>b) Enter the number of patients currently hospitalized in an ADULT ICU bed who have laboratory-confirmed COVID-19.</p>	<p>a) Fill in the number of adult suspected or laboratory-confirmed COVID-19 patients in an adult ICU bed</p> <p>b) Fill in the number of total adult patients who have laboratory-confirmed COVID-19 currently occupying an adult ICU bed</p>
17.	Enter the total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19.	Fill in the total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19
18.	Enter the number of patients with suspected or laboratory-confirmed COVID-19 who currently are in the Emergency Department or any overflow location awaiting an inpatient bed.	Fill in the number of total patients with suspected or laboratory-confirmed COVID-19 who currently are in the Emergency Department or any overflow location awaiting an inpatient bed

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Survey Number	Data Element	Definition
19.	Enter the number of patients with suspected or laboratory-confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator (as defined above).	Fill in the number of total patients with suspected or laboratory-confirmed COVID-19 who are currently in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator. This includes adult, pediatric, neonatal, anesthesia machines and portable/transport ventilators. Include BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways
20.	Number of patients with suspected or laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location.	Fill in the number of patients with suspected or laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED or any overflow location.

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Survey Number	Data Element	Definition
21.	<p>a) Fill in the total number of patients who were admitted to an ADULT inpatient bed with laboratory-confirmed COVID-19 on the previous calendar day by age category. Provide the breakdown by age bracket:</p> <ul style="list-style-type: none"> <li>• 18-19</li> <li>• 20-29</li> <li>• 30-39</li> <li>• 40-49</li> <li>• 50-59</li> <li>• 60-69</li> <li>• 70-79</li> <li>• 80+</li> <li>• Unknown</li> </ul> <p>b) Fill in the total number of patients who were admitted to an ADULT inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission by age category. Provide the breakdown by age bracket:</p> <ul style="list-style-type: none"> <li>• 18-19</li> <li>• 20-29</li> <li>• 30-39</li> <li>• 40-49</li> <li>• 50-59</li> <li>• 60-69</li> <li>• 70-79</li> <li>• 80+</li> <li>• Unknown</li> </ul>	<p>a) Fill in the total number of patients who were admitted to an adult inpatient bed with laboratory-confirmed COVID-19 on the previous calendar day by age category. Use 'Unknown' if age of the patient is unknown.</p> <p>b) Fill in the total number of patients who were admitted to an adult inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission by age category. Use 'Unknown' if age of the patient is unknown.</p>
22.	<p>a) Fill in the total number of pediatric patients who were admitted to an inpatient bed on the previous calendar day who had confirmed COVID-19 at the time of admission.</p> <p>b) Enter the number of PEDIATRIC patients who were admitted to an inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission.</p>	<p>a) Fill in the total number of pediatric patients who were admitted to an inpatient bed on the previous calendar day with laboratory-confirmed COVID-19 at the time of admission</p> <p>b) Fill in the total number of pediatric patients who were admitted to an inpatient bed on the previous calendar day who had suspected COVID-19 at the time of admission</p>

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Survey Number	Data Element	Definition
23.	Enter the total number of patient visits to the ED who were seen on the previous calendar day regardless of reason for visit.	Fill in the previous day's total ED visits regardless of the reason for visit. Include all patients who are triaged even if they leave before being seen by a provider.
24.	Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to COVID-19 either suspected or laboratory confirmed or presented for testing.	Enter the total number of ED visits who were seen on the previous calendar day who had a visit related to COVID-19. The patient can meet suspected or confirmed definition or laboratory-confirmed COVID-19 OR presents for testing for COVID-19 - do not count patients who present for pre-procedure screening).
25.	Enter the number of Remdesivir vials used on the previous calendar day in an inpatient, ED, and/or overflow location. (Required until November 4 <sup>th</sup> and then Optional)	Previous day's Remdesivir used. Enter the number of Remdesivir vials used on the previous calendar day in an inpatient, ED, and/or overflow location.
26.	Enter the number of Remdesivir vials in inventory at 11:59pm on the previous calendar day in the hospital pharmacy. (Required until November 4 <sup>th</sup> and then Optional)	Current Inventory of Remdesivir. Enter the number of Remdesivir vials in inventory at 11:59pm on the previous calendar day in the hospital pharmacy.
27.	Enter (Yes) if the facility has a critical staffing shortage today. Enter (No) if the facility does not have a staffing shortage today. This can be a staffing shortage in environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel. (Required until November 4 <sup>th</sup> and then Optional)	Dropdown: Yes or No Enter Yes if the facility has a critical staffing shortage in any of the following categories: environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel. Enter No if the facility does not have a critical staffing shortage in any of the following categories: environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel.

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Survey Number	Data Element	Definition
28.	Enter (Yes) if you anticipate a critical staffing shortage within a week. Enter (No) if you do not anticipate a staffing shortage within a week. Use the staff type list above. (Required until November 4 <sup>th</sup> and then Optional)	Dropdown: Yes or No Enter Yes if you anticipate a critical staffing shortage within a week in any of the following categories: environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel. Enter No if you do not anticipate a staffing shortage within a week in any of the following categories: environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, other critical healthcare personnel
29.	If (Yes) to 27 or 28, specify type of shortage. (environmental services, nurses, respiratory therapists, pharmacists and pharmacy techs, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and other critical healthcare personnel) (Optional)	If Yes was selected for number 27 or 28 specify the type of shortage in the dropdown. Dropdown: environmental services or nurses or respiratory therapists or pharmacists or pharmacy techs or physicians or other licensed independent practitioners or temporary physicians or nurses or respiratory therapists or other critical healthcare personnel
<b>For Items 30 – 37, report one time a week on Wednesday</b>		
30.	Are your PPE supply items managed at: a) The Facility Level b) The Health System Level	Dropdown: The Facility Level or The Health System Level Choose facility level if PPE supply items (including purchasing, allocation, and/or storage) are managed at the facility Choose Health System Level if PPE supply items (including purchasing at the health system level, centrally managed par levels, in stock supply available at another system location such as a central warehouse) is managed at the Health System Level or multiple-hospital group

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Survey Number	Data Element	Definition
31.	Provide calculated DAYS of supply in stock for each category: a) Ventilator Supplies b) N95 Respirators c) Surgical and Procedure Masks d) Eye Protection including face shields and goggles e) Single-use gowns f) Exam Gloves	Provide calculated days of supply in stock for ventilator supplies and each PPE category. Calculation may be provided by your hospital's ERP system or by utilizing the CDC's PE burn rate calculator assumptions. a) Ventilator supplies (any supplies, including flow sensors, tubing, connectors, valves, filters, etc. – excluding medications) b) N95 Respirators c) Surgical Masks d) Eye protection including face shields and goggles e) Single-use gowns f) Exam Gloves
32.	Provide on hand supply in "INDIVIDUAL/EACHES" for each category if feasible: (Optional) a) N95 Respirators b) Other respirators such as PAPRs or elastomeric c) Surgical and procedure masks d) Eye protection including face shields and goggles e) Single-use gowns f) Launderable gowns g) Exam Gloves	Please report this information <u>if feasible</u> . For each listed supply item, record the number of individual units (or "eaches") available in the facility on the date of data collection. For hospitals which are part of a health system, do NOT include supplies at other system locations, including warehouses. a) N95 respirators b) Other respirators such as PAPRs or elastomeric c) Surgical masks d) Eye protection including face shields and goggles e) Single-use gowns f) Launderable/reusable gowns g) Exam Gloves

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Survey Number	Data Element	Definition
33.	<p>Indicate (Yes) or (No) or (N/A) if the hospital is able to obtain the following items:</p> <ul style="list-style-type: none"> <li>a) Ventilator Supplies</li> <li>b) Ventilator medications</li> <li>c) N95 Respirators</li> <li>d) Other respirators such as PAPRs or elastomerics</li> <li>e) Surgical and procedure masks</li> <li>f) Eye protection including face shields and goggles</li> <li>g) Single-use gowns</li> <li>h) Exam Gloves</li> <li>i) Are you able to maintain a sufficient supply of launderable gowns</li> </ul>	<p>Select YES for each of the supply types that your facility is able to order and obtain. If the facility has placed an order but are not able to have that order filled, please answer NO. Enter N/A if the item is not applicable for your facility.</p> <ul style="list-style-type: none"> <li>a) Ventilator supplies (any supplies, including flow sensors, tubing, connectors, valves, filters, etc. – excluding medications)</li> <li>b) Ventilator medications</li> <li>c) N95 respirators</li> <li>d) Other respirators such as PAPRs or elastomerics</li> <li>e) Surgical Masks</li> <li>f) Eye protection including face shields and goggles</li> <li>g) Single-use goggles</li> <li>h) Exam Gloves</li> <li>i) Dropdown YES/NO/Not Applicable (N/A)</li> </ul> <p>Information can be obtained from materials management, infection prevention leader, operational leadership, or the COVID-19 incidence command leadership in your facility.</p>

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Survey Number	Data Element	Definition
34.	<p>Enter (Yes) for each supply type for which your facility is able to maintain at least a 3-day supply. Enter (No) for those for which your facility is not able to maintain at least a 3-day supply. Enter (N/A) if the item is not applicable for your facility.</p> <p>a) Ventilator Supplies            b) Ventilator Medications            c) N95 Respirators            d) Other respirator such as PAPRs or elastomerics            e) Surgical and procedure masks            f) Eye protection including face shields and goggles            g) Single-use gowns            h) Exam Gloves            i) Laboratory: nasal pharyngeal swabs            j) Laboratory: nasal swabs            k) Laboratory: viral transport media</p>	<p>Enter YES for each supply type for which your facility is able to maintain at least a 3-day supply. Enter NO for those for which your facility is not able to maintain at least a 3-day supply. Enter N/A if the item is not applicable for your facility.</p> <p>a) Ventilator Supplies (any supplies, including flow sensors, tubing, connectors, valves, filters, etc. excluding medications)            b) Ventilator medications            c) N95 Respirators            d) Other respirators such as PAPRs or elastomerics            e) Surgical Masks            f) Eye protection including face shields and goggles            g) Single-use gowns            h) Exam Gloves            i) Laboratory – nasal pharyngeal swabs            j) Laboratory – nasal swabs            k) Laboratory – viral transport media</p>
35.	<p>Does your facility re-use or extend the use of PPE?</p> <p>a) Reusable/laundryable isolation gowns            b) PAPRs or elastomerics            c) N95 Respirators</p>	<p>Dropdown: Yes or No or N/A            Select YES for each supply type for which the facility re-uses or extends the use of. Select NO for those supplies which the facility does not re-use or extend the use of. Select N/A if the item is not applicable for your facility.</p> <p>a) Re-usable/laundryable isolation gowns for the care of any patients on transmission-based precautions            b) PAPRs or elastomerics for the care of any patients on transmission-based precautions            c) N95 respirators for the care of any patients on transmission-based precautions</p>
36.	<p>Indicate any specific or critical medical supplies or medication shortages for which you are currently experiencing or anticipate experiencing in the next three days. (Optional).</p> <p>a) Free Text Entry</p>	<p>Indicate any specific or critical medical supplies or medication shortages for which the facility is currently experiencing or anticipate experiencing in the next three days. Free Text.</p>

**Influenza fields 37 - 42 to be reported every day except for psychiatric and rehabilitation hospitals who report weekly on Wednesday – Optional questions. May be required upon further direction from HHS. The EMResource HHS survey questions will become required upon further direction from HHS.**

Laboratory confirmation includes detection of influenza virus through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, and virus culture.

Survey Number	Data Element	Definition
37.	Enter the total number of patients (all ages) currently hospitalized with laboratory-confirmed influenza. (Optional).	The number of patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed influenza. Include those in observation beds.
38.	Enter the number of patients (all ages) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza at the time of admission. (Optional).	The number of patients (all ages) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza at the time of admission.
39.	Enter the number of patients (all ages) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza. (Optional).	The number of patients (all ages) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza.
40.	Enter the number of hospitalized patients (all ages) with BOTH laboratory-confirmed COVID-19 and influenza. (Optional).	The number of patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed COVID-19 and laboratory-confirmed influenza.
41.	Enter the number of patients (all ages) with laboratory-confirmed influenza who died on the previous calendar day in the hospital, ED, or any overflow location. (Optional).	The number of patients with laboratory-confirmed influenza who died on the previous calendar day in the hospital, ED, or any overflow location.
42.	Enter the number of patients (all ages) with BOTH laboratory-confirmed COVID-19 and influenza who died on the previous calendar day in the hospital, ED, or any overflow location. (Optional).	The number of patients with BOTH laboratory-confirmed COVID-19 and influenza who died on the previous calendar day in the hospital, ED, or any overflow location.



IOWA Department  
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Daily HAv-BED EMResource Reporting

HAv-BED Reporting	Data Element	Definition
	Current Patient Census	The most current available census at time of report
	Total hospital Inpatient Beds	Total number of staffed beds in the facility. This includes both open and filled beds
	Total Available Inpatient Beds	Total number of hospital inpatient beds that are available and ready to accept a patient. This is the total number of staffed open beds.
	Number of Ventilators in facility	Total number of ventilators in the facility. This excludes surgical ventilators that could be converted for invasive ventilation.
	Number of ventilators available	Total number of ventilators currently available. This excludes surgical ventilators that could be converted for invasive ventilation.
	Bed Availability: MedSurg	(18 years of age and older) Adult “in patient” non-critical care beds for patients
	Available: Immediate Adult MedSurg Beds	(18 years of age and older) Adult non-critical care beds that are available, staffed, and ready to accept a patient at the time of reporting.
	Bed Availability: Pediatric	(17 years of age and younger) General pediatric bed for patients. (Only report beds that are designated as part of a pediatric unit).
	Number of ICU beds available	The total number of intensive care unit, critical care unit, coronary care unit, or other like unit for all age groups excluding NICU beds. This includes all ICU beds that include ventilator support for patients.
	Bed Availability: Adult ICU	(18 years of age and older) Number of beds available that can support critically ill/injured patients, including ventilator support.
	Available: Immediate Adult ICU Beds	(18 years of age and older) Number of adult critical care beds that are available, staffed, and ready to accept a patient at the time of reporting.
	Bed Availability: PICU	(17 years of age and younger) Number of ALL Pediatric ICU available beds that can support critically ill/injured patients, including ventilator support for patients.
	Bed Availability: NICU	Number of beds available in a unit specializing in the care of premature and ill newborn babies.